

Named Insured _____

Policy Number _____

**OREGON NOTICE
UNINSURED MOTORISTS COVERAGE**

THE SELECTIONS YOU MAKE BELOW AFFECT YOUR UNINSURED MOTORISTS COVERAGE. PLEASE REVIEW YOUR POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE PROTECTION AFFORDED BY THIS COVERAGE. CONTACT YOUR INSURANCE REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS COVERAGE OR HOW TO COMPLETE THIS NOTICE.

Oregon law requires us to provide Uninsured Motorists Bodily Injury Coverage in your policy with a coverage limit equal to your policy's bodily injury limit of liability. You are not required to accept Uninsured Motorists Bodily Injury Coverage at this coverage limit. You may select a lower coverage limit, but the coverage limit you select may not be lower than Oregon's minimum vehicle liability insurance limit requirement for bodily injury, unless your policy only covers certain Motor Trucks* (as defined under Oregon law) in which case you may reject Uninsured Motorists Bodily Injury Coverage in its entirety. Oregon's minimum vehicle liability insurance limit requirement for bodily injury is split limits of \$25,000 each person bodily injury and \$50,000 each accident bodily injury (subject to the each person limit). Uninsured Motorist Bodily Injury Coverage includes Underinsured Motorist Bodily Injury Coverage.

If your policy covers private passenger motor vehicles, as defined under Oregon Law, you may select a coverage limit for Uninsured Motorists Property Damage Coverage – Private Passenger Types that is not less than Oregon's minimum vehicle liability insurance limit requirement for property damage, which is \$20,000 each accident, and not greater than your limit for Property Damage Liability Coverage (subject to a deductible per the policy terms). In addition, you may reject Uninsured Motorists Property Damage Coverage – Private Passenger Types in its entirety.

Coverage Description:

Uninsured Motorist Bodily Injury Coverage provides you and your passengers money for damages you are legally entitled to be paid from the owner or operator of an uninsured motor vehicle because of bodily injury or death caused by an automobile accident.

Underinsured Motorist Bodily Injury Coverage provides you and your passengers with additional money for your damages when the at-fault party's Bodily Injury Liability insurance policy limit is not high enough to pay you and your passengers for all your losses. The total amount available cannot be more than the policy limit you choose for your Underinsured Motorist policy limit added to the Bodily Injury Liability policy limit of the at-fault party.

In accordance with Oregon law, the undersigned Named Insured, for each insured in the policy (mark applicable option(s) with an "X"):

Uninsured Motorists Bodily Injury Coverage

[] selects Uninsured Motorists Bodily Injury (UMBI) Coverage with the following coverage limit, which is not less than Oregon's minimum requirement, and not greater than my limits for Bodily Injury Liability Coverage (please select one Split Limits UMBI option OR one Combined Single Limit (CSL) UMBI option):

<u>Split Limits UMBI</u>	<u>Premium**</u>	OR	<u>CSL UMBI</u>	<u>Premium**</u>
[] 25,000/50,000	\$ _____		[] 50,000	\$ _____
[] 50,000/100,000	_____		[] 100,000	_____
[] 100,000/300,000	_____		[] 125,000	_____

- | | |
|---|---|
| <input type="checkbox"/> 250,000/500,000 _____ | <input type="checkbox"/> 150,000 _____ |
| <input type="checkbox"/> 500,000/1,000,000 _____ | <input type="checkbox"/> 200,000 _____ |
| <input type="checkbox"/> 1,000,000/2,000,000 _____ | <input type="checkbox"/> 250,000 _____ |
| <input type="checkbox"/> 2,500,000/5,000,000 _____ | <input type="checkbox"/> 300,000 _____ |
| <input type="checkbox"/> 5,000,000/10,000,000 _____ | <input type="checkbox"/> 350,000 _____ |
| | <input type="checkbox"/> 400,000 _____ |
| | <input type="checkbox"/> 500,000 _____ |
| | <input type="checkbox"/> 600,000 _____ |
| | <input type="checkbox"/> 750,000 _____ |
| | <input type="checkbox"/> 1,000,000 _____ |
| | <input type="checkbox"/> 1,500,000 _____ |
| | <input type="checkbox"/> 2,000,000 _____ |
| | <input type="checkbox"/> 2,500,000 _____ |
| | <input type="checkbox"/> 3,000,000 _____ |
| | <input type="checkbox"/> 5,000,000 _____ |
| | <input type="checkbox"/> 7,500,000 _____ |
| | <input type="checkbox"/> 10,000,000 _____ |

rejects Uninsured Motorists Bodily Injury Coverage (ONLY if you qualify for the Motor Truck exemption below*)

Uninsured Motorists Property Damage Coverage – Private Passenger Types only (You may select Uninsured Motorists Property Damage Coverage if your policy covers private passenger motor vehicles, as defined under Oregon law. You may not purchase Uninsured Motorists Property Damage Coverage – Private Passenger Types without the Uninsured Motorists Bodily Injury Coverage) (please select one item below):

rejects Uninsured Motorists Property Damage Coverage—Private Passenger Types

selects Uninsured Motorists Property Damage Coverage – Private Passenger Types with the following coverage limit, which is not less than Oregon’s minimum vehicle liability insurance limit requirement for property damage and not greater than my limit for Property Damage Liability Coverage (please select one Uninsured Motorists Property Damage Coverage – Private Passenger Types option- this selection means that Uninsured Motorists Bodily Injury Coverage was selected):

- Uninsured Motorists Property Damage Coverage – Private Passenger Types
- 20,000
 - 25,000
 - 50,000
 - 100,000

*Please consult with your broker to discuss whether your policy qualifies for the exception of certain Motor Trucks.

**The premium included in this notice is an estimate and is subject to change based on the actual type and number of vehicles covered under the policy, the states in which the vehicles are garaged and/or registered, and the type of program in place.

I understand the protection afforded by Uninsured Motorists Bodily Injury Coverage and Uninsured Motorists Property Damage Coverage – Private Passenger Types and the selection(s) I have made on this Notice regarding Uninsured Motorists Bodily Injury Coverage and Uninsured Motorists Property Damage Coverage – Private Passenger Types. I further understand and agree that my selection(s) will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, and all future renewals of this policy, unless I make an election in writing to change my selection(s), and such request is received and approved by the Company.

I also understand that if (i) I had previously selected the minimum Uninsured Motorists Bodily Injury Coverage limits and the Uninsured Motorists Property Damage Coverage - Private Passenger Types limits or solely the minimum Uninsured Motorists Bodily Injury Coverage limits required by statute for my last policy, (ii) there has been an increase in the statutory minimum Uninsured Motorists Bodily Injury Coverage limits and/or Uninsured Motorists Property Damage Coverage - Private Passenger Types limits which are to take effect during my renewal policy period and (iii) the Company has not received my elections of either limits higher than the required minimum statutory limits or a rejection of limits (if eligible to do so) prior to renewal policy inception, then the Uninsured Motorists Bodily Injury Coverage limits and Uninsured Motorists Property Damage Coverage – Private Passenger Types limits (as applicable) for my renewal policy will automatically be equal to the new minimum statutory Uninsured Motorists Bodily Injury Coverage limits and Uninsured Motorists Property Damage Coverage – Private Passenger Types limits. By signing below, I acknowledge that I have been offered Uninsured Motorists Bodily Injury Coverage with limits equal to my Bodily Injury Liability Coverage and I acknowledge that I have been offered Uninsured Motorists Bodily Injury Coverage at limits lower than the Bodily Injury Liability Coverage limits of my policy.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title

Effective Date

Authorized Signature of Named Insured on
behalf of any of its subsidiaries or affiliates
which may be covered under this policy as a
Named Insured

Date Signed

Name and Title